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APPLICATION NO.	FILING DATE		INVENTOR		BUR920010043		CONFIRMATION NO.		
09/683,863 02/25/2002 Robert Michael Bund TITLE OF INVENTION: PIPELINED PACKET PROCESSING						BUR9	20010043	4284	
ITTLE OF INVENTION: P	IPELINED PACKET PROC	ESSING							
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE		1	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$133 \$13	\$1370.00		\$300		630 670.00	12/29/2004	
EXAMINER		ART UNIT		CLASS-SUBCL	CLASS-SUBCLASS				
EL HADY	2154		710-020000)		•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Richard A. Hei							d A Henkler		
Change of correspond Address form PTO/SB/1	Correspondence	or agents OR, alternatively,							
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If for filing an assignm	an assign	nee is identifi 104/2004 MR	ed below, the of	locument has been filed for 0103 090456 09683863	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC:1501 1370.00 DA									
International Business Armonk, New Yor						FC:1504	300.00	DA .	
Machines Corporation 03 FC:8001 3.00 DA									
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):									
☑ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.									
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Typed or printed name Andrew J. Dillon				R	egistration	No2	9,634		
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